CMS Manual System

Pub 100-20 One-Time Notification

Transmittal 175

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)
Date: AUGUST 26, 2005
Change Request 4011

NOTE: Transmittal 151, CR 3776, dated April 29, 2005 is rescinded and replaced with Transmittal 175, CR 4011.

SUBJECT: Common Working File (CWF) Calculation of Next Eligible Date for Preventive Services

I. SUMMARY OF CHANGES: To determine when preventive screening services coverage is available for Medicare beneficiaries, CWF will calculate a next eligible preventive services date (date in which the service would be covered by Medicare). The CWF will feed this data to other applications including the beneficiary data extracts for the Next Generation Desktop and the NHIC and WPS provider internet pilots as well as the Medicare Beneficiary Database for the 271 response when requested on the 270. This data will also be available on an HIMR screen, all CWF provider query screens (HUQA, HIQA, HIQH, ELGA, ELGB, ELGH), and the Multi-Carrier System Desktop Tool.

NEW/REVISED MATERIAL:

EFFECTIVE DATE: October 1, 2005

IMPLEMENTATION DATE: October 3, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated) R = REVISED, N = NEW, D = DELETED

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

*Unless otherwise specified, the effective date is the date of service.

Attachment – One-Time Notification

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SUBJECT: Common Working File (CWF) Calculation of Next Eligible Date for Preventive Services

I. GENERAL INFORMATION

- **A. Background:** A way for Medicare beneficiaries to stay healthy is to use preventive services provided by doctors and health care providers. Preventive services can find health problems early when treatment works best. The CWF is a repository for all Medicare beneficiary utilization data and contains data on utilization of preventive services. To help determine eligibility for preventive services, CWF will use the existing preventive services utilization data, along with beneficiary demographic and entitlement data, to calculate a next eligible date for preventive services. The CWF will feed this data to other applications including the beneficiary data extracts for the Next Generation Desktop (NGD) and the NHIC and WPS provider Internet pilots as well as the Medicare Beneficiary Database (MBD) for the 271 response when requested on the 270. This data will also be available on an HIMR screen, all CWF provider query screens (HUQA, HIQA, HIQH, ELGA, ELGB, ELGH), and the Multi-Carrier System Desktop Tool (MCSDT).
- **B.** Policy: This request supports the Balanced Budget Act of 1997 that authorizes payments of numerous preventive services and the Medicare Prescription Drug, Improvement and Modernization Act of 2003 that expanded coverage of preventive benefits.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement "Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)					
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers F M V C I C M W S S S S F S	
4011.1	The CWF shall calculate a next eligible date (if any) for each category of preventive services for a given beneficiary. A category consists of one or more procedure codes with interdependent coverage rules that typically are					X	

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)			es the					
rumber		F I	R H	Ca	D M	Shared System Maintainers			em	Other
			H I	r r i e r	E R C	F I S S	M C S	V M S	C W F	
	intended to screen for a particular disease. The calculation shall include all applicable factors including: • Beneficiary demographics (age, sex) • Beneficiary Part B entitlement status • Beneficiary claims history • Beneficiary risk indicators • Utilization rules The calculation for preventive services next eligible date shall parallel claims processing.									
4011.2	The categories of preventive services shall include: Cardiovascular (80061, 82465, 83718, 84478) Colorectal (G0104, G0105, G0106, G0120, G0121) including separate next eligible date for fecal occult blood test (G0107, G0328). Diabetes (82947, 82950, 82951) Glaucoma (G0117, G0118) Initial preventive physical examination (G0344, G0366, G0367, G0368) Mammography (76092, G0202, G0203) Note: Even though G0203 is no longer valid, it is still needed for historical purposes. Pap test (Q0091, P3000, G0123, G0143, G0144, G0145, G0147, G0148) Pelvic and clinical breast examination (G0101) Pneumococcal pneumonia vaccine (90732) Prostate including separate next eligible dates for digital rectal								X	

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H	Ca	D M	Sha Mai	red S intain	Syste ners	em	Other
			H I	r r i e r	E R C	F I S	M C S	V M S	C W F	
	examination (G0102) and prostate specific antigen blood test (G0103)									
4011.3	For each next eligible date calculation (including those where there is no next eligible date), CWF shall generate messages indicating key factors in the calculation. For example, if a procedure is typically covered once in a lifetime and the beneficiary has already had the procedure, the message would explain that this is why the next eligible date is blank.								X	
4011.4	The CWF shall pass the next eligible date for each category to other databases/applications, including the beneficiary data extracts for the NGD and the NHIC and WPS provider internet pilots as well as the MBD for the 271 response when requested on the 270.								X	
4011.4.1	The CWF shall create a three position numeric code to be populated and passed on the data extract for the NGD and the NHIC and WPS provider internet pilots to indicate the message associated with each next eligible date calculation or that indicates why there is no calculation.								X	
4011.4.1.1	The CWF shall create a message crosswalk to the three position numeric code so the end user of the data extract can associate the message with the code.								X	
4011.4.2	The MBD shall not carry the freeform message text or any associated code.								X	
4011.4.3	When there is no next eligible date, the date field for the NGD, NHIC, WPS and MBD data extracts for that category of preventive services shall be blank.								X	
4011.5	The MCSDT shall display the next eligible dates and associated messages.						X			

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)							
Number		FI	R H H I	C a r r i e	D M E R	Sha	 Systemers V M S	C W F	Other
4011.6	The next eligible dates shall be displayed on all CWF provider query screens (HUQA, HIQA, HIQH, ELGA, ELGB, ELGH).			r		X		X	
4011.6.1	When there is no next eligible date the CWF provider query screens shall display an eight position alpha code in the date field to indicate why there is no next eligible date.					X		X	
4011.6.2	The CWF provider query screens shall not include the freeform message text or any associated code.					X		X	
4011.7	For each category of preventive services, CWF shall display the next eligible dates and the associated messages on an HIMR screen.							X	
4011.8	The CWF shall base the dates and messages on beneficiary data at the time the beneficiary data is extracted or the HIMR screen is accessed, whichever is applicable. Any change to beneficiary master data or claims data that would result in a change to any next eligible date will result in the beneficiary's updated record being included in the next beneficiary data extract.							X	
4011.9	Contractors shall educate their provider contact center Customer Service Representatives to properly utilize this data when responding to provider inquiries.	X	X	X					
4011.10	The CWF shall create a refresh for the entire beneficiary population for the data extracts that are provided to the NGD, NHIC, WPS and MBD.							X	

III. PROVIDER EDUCATION

Requirement	Requirements	Re	espo	nsi	bilit	ty ("	X" :	indi	icate	es the
Number		co	lum	ns 1	that	app	oly)			
		F I	R H H I	C a r r i e	D M E R C		mtain M C S	Systemers V M S	С	Other
4011.11	Contractors shall educate providers that access the preventive services data via CWF provider query screens. Educational materials will be developed and distributed by CMS through the LEARNRESOURCE-L listserv to be incorporated into any existing training materials.	X	X	X						

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: October 1, 2005

Implementation Date: October 3, 2005

Pre-Implementation Contact(s): Rich Cuchna @ (410)786-7239, richard.cuchna@cms.hhs.gov or Lisa Smith (410) 786-0965, lisa.smith@cms.hhs.gov

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